ventricle, while the normal difference between the right and left ventricular content (12 : 8) was here increased (13 : 8). In hypertrophy of the left ventricle, secondary to vascular changes, the muscle is slightly richer in protein, the dry weight is substantially unchanged, but the NaCl content is distinctly raised, though not as high as in the muscle of dilated hearts. The rise in NaCl content of the heart muscle is out of all proportion to that in the general tissues. It is not a mere œdema but an intracellular retention which goes parallel with weakening of the muscle fibre and of which it is a closer index than are morphological appearances. It may perhaps be an intoxication. At all events, the rise of NaCl content in hypertrophic cardiac muscle is very interesting, agreeing as it does with the tendency of hypertrophied muscle to dilatation and with the beneficial results of the NaCl-poor diets in cases of cardiac insufficiency.

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**Ptosis of the Cecum.**—LARDENNOIS (*Presse médicale*, 1910, 419) calls attention to a case reported by Barnes, of Liverpool, of a boy, aged fifteen years, with all the signs of a very severe appendicitis. At operation an enormously dilated cecum was found which resembled a huge cyst. The appendix was normal. Cecostomy was performed and the boy recovered. This case was considered a dilatation of the cecum occurring without apparent cause. In contrast to this, there are cases of chronic dilatation of the cecum and subsequent ptosis where the musculature has atrophied and the cecum has doubled on itself or is in the pelvis, or some other malposition. In these cases, after an indiscretion of diet, or other cause, crises of pain and feeling of distention occur in the right iliac fossa. These crises appear often, and are very acute. The pain is poorly localized; the situation is generally about McBurney's point. On examination of this region the wall of the cecum is usually palpable. Pressure exacerbates the pain by exaggerating the distention of the cecum or promoting contracture. If this pressure is from below upward, the pain is eased. The right lateral decubitis is usually painful; the left, or the ventral, favor emptying of the cecum and the patient instinctively takes these lateral positions. Palpation of the cecum gives the sensation of a soft fluctuating tumor like a vessel full of water. This tumor usually comes into contact with the abnominal wall almost down to Poupart's ligament. Lardennois' case, post mortem, showed a cecum 13 cm. long with a capacity of more than 700 c.c., compared with a normal average length of 6 cm. and capacity of 200 or 300 c.c. In 80 subjects examined, he found four other similar cases. Of 100 subjects examined by Alglave, in 17 the cecum was within the pelvis, and in 6, within the cul-de-sac of Douglas. Robinsion has reported 10 instances with the cecum in the pelvis and with a capacity of 600 c.c. or more. Lardennois believes the condition is more frequent than is recognized, that it occurs more frequently in women than in men, and more in Germany, and, in a general way, in those races which are great eaters. The stasis is progressive, and in time the general condition is very much affected. The patients suffer from malaise, are easily fatigued, restless, are troubled by any clothing about the abdomen; in fact, become actually invalids. They are nervous and hypochondriacal. Ptosis of the cecum which, as a rule, is only an inconvenience, may thus become a serious affection and deserve attention. These painful attacks have been ascribed to such affections as appendicitis, movable kidney, ovarian cyst, malposition of the uterus, adhesions, neuralgia, and neuroses. The pathognomonic sign of ptosis of the cecum is formulated by Lardennois as follows: When forcing the contents of the transverse and ascending colon toward the cecum, pain is produced in the right pelvic region. On the other hand, pressing the contents of the cecum toward the colon, without violence, causes disappearance of the pain. Aids to diagnosis are artificial dilatation of the large intestine and *x*-rays after bismuth ingestion. Medical therapeutics consists in a limited diet, disinfection of the intestines by lactic acid ferments and the use of laxatives; massage and gymnastics of the abdominal muscles are advised. Surgical intervention is indicated in two instances—first, if the condition is found during an appendix operation, when fixation of the cecum in the iliac fossa is advisable; second, when there is no appendicitis and the ptosis resists medical treatment and is severe enough to cause general disability. Then iliac fixation, or a plastic operation, or partial resection may be performed.

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**The Cammidge Pancreatic Reaction in 1475 Cases.**—Since his last publication, in 1906, CAMMIDGE (*Proc. Royal Society of Medicine*, 1910, iii, 163) has examined 1500 samples of urine derived from 1475 cases, with special reference to this reaction. The method used is the same as described previously. Of 17 cases of acute and subacute pancreatitis, 13 gave a positive pancreatic reatcion. Six of these at operation showed an acute inflammation. In 3 the pancreatitis had been the sequel to an attack of mumps. In 859 cases of chronic pancreatitis the reaction was obtained 364 times; 40 times in 60 cases of stone in the common duct; 18 times in 7 cases of stone in the gall-bladder; 4 times in 10 cases of growth in the common duct; 103 times in 194 cases of intestinal catarrh; 42 times in 53 cases of catarrhal jaundice; 27 times in 50 cases of duodenal ulcer; 5 times in 47 cases of gastric ulcer; 8 times in 13 cases of sprue; 4 times in 6 cases of pernicious animia; 2 times in 11 cases of tuberculosis; 6 times in 8 cases of typhoid fever; and 14 times in 21 cases of cirrhosis of the liver and pancreas. All of these conditions Cammidge considered as causes of chronic pancreatitis. In 4 cases of pancreatic calculi the reaction was obtained 3 times; twice in 4 cases of pancreatic cyst and once in a case of pancreatic infantilism. In 73 cases of cancer of the pancreas 24 positive reactions were obtained. In a miscellaneous group, 461 of the 467 cases gave a negative pancreatic reaction. In the last group are specimens of urine from 50 presumably healthy individuals, none of which gave a positive pancreatic reaction. Cammidge believes that his experience in these five years confirms the claim that he made—that the reaction is clinically useful in its improved form. He does not think that it is pathognomonic or that taken alone it will enable one to form a correct opinion in every instance. But he does think that when the results of the examination of the urine are considered in conjunction with the clinical symptoms and an analysis of the feces, a trustworthy diagnosis is capable of being arrived at in nearly every case of pancreatic disease. As to the nature of the reaction, it is probably due to the destruction of some substance with a glyconucleoprotein content which yields a pentose on hydrolysis, and since the percentage of pentose in the dry weight of the pancreas is nearly five times as great as in any other organ of the body, and is more easily combined and more readily set free than the corresponding sugar in other tissues, the reaction is obtained with much greater frequency and more constantly in lesions involving active degenerative changes in that organ than in others. A strongly positive reaction cannot be accepted as a conclusive indication of pancreatic infection. Cirrhosis of the pancreas will not give rise to a reaction unless there is also some active inflammation going on at the same time. So, too, in cancer of the pancreas, there is usually no reaction, for no destruction of gland substance takes place unless secondary inflammation sets in.

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**Schlesinger's Sign in Tetany.**—The "leg phenomenon" in tetany (AMER. JOUR. MED. SCI., 1910, 758) has been confirmed by Glassner in one adult; and by Gottlieb in one of two children. ALEXANDER (*Deut. med. Woch.*, 1910, No. 22, 1030) reports positive findings in two adults, negative in two infants. He believes that it is entirely due to mechanical stimulation of the sciatic nerve by stretching; and is entirely analogous to the Trousseau phenomenon, which Fränkl-Hochwart by animal experimentation has shown to be of nervous, not vascular, origin. In both adults, pressure at the sciatic point elicited the typical position of the foot (talipes varus or equinovarus) as well as did Schlesinger's procedure—flexion of the thigh with extended knee. The pulse in the foot remained unchanged. Compression of the femoral artery did not lead to the typical foot position. In one case he was also able to bring on the typical position of the hand by hyperextension of the arm, causing traction on the brachial plexus. The radial pulse remained unaffected.

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**Primary Syphilitic Inoculations in Animals.**—Numerous observers have succeeded in inoculating rabbits with syphilis; particularly by injection into the testicle or by implantation of tissue under the tunica vaginalis. The results have, however, been inconstant and the incubation time at least four to six weeks. TOMASCZEWSKI (*Deut. med. Woch.*, 1910, xxxvi, 1025) has obtained quite constant results "within 10–14–18 days, only seldom later." His technique consists in forcing the testicle out of the vaginal canal by abdominal pressure, making a small incision in the scrotum and then by blunt dissection, in which trauma is desirable rather than to be avoided, making a long pocket into which tissue from a primary lesion is inserted. The local reaction is not marked, but a small round-cell infiltration occurs in the great majority of cases with very numerous actively motile spirochetes. Hoffman reports fairly successful results in guinea pigs by an almost similar technique (*Deut. med. Woch.*, 1910, xxxvi, 1025.)

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**Glycogen Loss, Hypoglycemia, and Muscular Weakness in Morbus Addisonii.**—In a previous communication, PORGES (*Ztschr. f. klin Med.*, 1909, lxix, 341) has reported a striking hypoglycemia after removal of the adrenals. Now he (*Ztschr. f. klin med*,, 1910, lxx, 243) reports the effect upon the glycogen content of the liver and muscles. Seven dogs were killed at intervals of four and one-half to eight hours after removal of the adrenals. At this time all showed great muscular weakness.

Their livers contained an average of 0.722 per cent. glycogen. If one animal be excluded, the average of the other six was 0.222 per cent. Schöndorff found 18.69 to 7.3 per cent. of glycogen in the livers of normal dogs on a similar diet. The muscle content of glycogen was 0.653 per cent. compared with Schöndorff's average of 4 per cent. In three dogs dying spontaneously after operation, the livers contained no glycogen whatever, the muscles an average of 0.187 per cent. The lack of glycogen is the cause of the hypoglycemia. The muscular weakness is in all probability due to lack of sufficient sugar and sugar-producing material; for muscle glycogen is well known to be far less readily available for the body than is the liver glycogen. This falls into line with the well-known sugar craving after severe muscular activity; and with Weiland's determination (*Deut. Arch. f. klin. Med.*, 1908, xcii, 223) of a hypoglycemia during the period of muscular exhaustion after prolonged work.

POLLACK (*Arch. f. exper. Path. u Pharmak.*, 1909, lxi, 149) has shown that adrenalin glycosuria is due to the conversion of liver glycogen into sugar. He has also shown that in animals rendered glycogen-free by starvation and strychnine poisoning, adrenalin injections cause a new formation of glycogen and sugar. EPPINGER, FALTA, and RUDINGER (*Ztschr. f. klin. Med.*, 1908, lxvi, 1) have found in pancreatic diabetic animals an increased glycosuria and D : n ratio after adrenalin injection, indicating a carbohydrate-forming action. Porges believes that with extirpation of the adrenals carbohydrate formation ceases. If, as other as yet unpublished experiments have led him to think, all protein and fat must be converted into carbohydrate before being available for body fuel, then extirpation of the adrenals destroys the ability of the body to convert potential into kinetic energy. A second possible explanation deals with the internal secretion of the pancreas, which tends to convert sugar into glycogen, glycogen into fat. Equilibrium is normally maintained by the counteracting influence of adrenalin, but when this is withdrawn the body glycogen is rapidly lost. Be this as it may, "one can almost estimate the glycogen content of the liver by the degree of muscular weakness exhibited" by these animals.

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**Simplified Blood Culture.**—In the taking of blood cultures in private practice we are greatly hindered by the antibacterial action of the blood. This makes it necessary to dilute the blood with large quantities of media at once. The convenience and lessened danger of contamination are so great that Schottmüller and Lenharz advocate the far simpler technique of collecting blood in sterile flasks, defibrinating at once by shaking with glass beads, and making transplantation to media in the laboratory. But the percentage of positive findings is much less. MYERSTEIN and ROSENTHAL (*Münch. med. Woch.*, 1910, lvii, 1432) show the importance of this antibacterial action. From fresh blood-bacterial mixture, plates made at once gave 47 colonies; those made immediately after defibrination, 21; those after four hours at room temperature, 5; after six hours, 1; and after twenty-four hours, no colonies NaCl in 5 per cent. strength stops coagulation and also largely or entirely inhibits the antibacterial action of blood. Myerstein and Rosenthal after adding 0.5 gram NaCl to 10 c.c. of blood-bacterial mixtures found an almost constant, sometimes very marked, increase in the num-